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PTO/SB/21 (08-00)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/426,087	
	Filing Date	October 22, 1999	
	First Named Inventor	Paul R. Drury	
	Group Art Unit	2861	
	Examiner Name	Kristal J. Feggins	
Total Number of Pages in This Submission	1	Attorney Docket Number	27754/35306A

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
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Remarks		

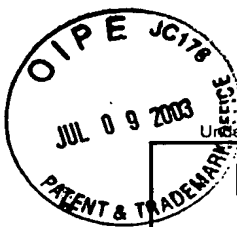
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	MARSHALL, GERSTEIN & BORUN Bryan J. Lempia - 39,746
Signature	
Date	July 7, 2003

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Dated: July 7, 2003

Signature: (Bryan J. Lempia)



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PTO/SB/17 (01-03)

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FEE TRANSMITTAL for FY 2003		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/426,087-Conf. #01386
<input type="checkbox"/> Applicant claims small entity status: See 37 CFR 1.27		Filing Date	October 22, 1999
		First Named Inventor	Paul R. Drury
		Examiner Name	Kristal J. Feggins
		Group Art Unit	2861
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	27754/35306A

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES					
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other						
<input type="checkbox"/> None							
<input type="checkbox"/> Deposit Account							
Deposit Account Number: 13-2855							
Deposit Account Name: MARSHALL, GERSTEIN & BORUN							
The Commissioner is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$)	0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent Claims		--** =		x		=	
Multiple Dependent		--** =		x		=	
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)	0.00		
SUBTOTAL (3)		(\$)	320.00				
Other fee (specify)							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)		(\$)	320.00				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Bryan J. Lempia	Registration No. (Attorney/Agent)	39,746
Signature		Telephone	(312) 474-6650
		Date	July 7, 2003

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